

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13	1					
14		1				
15	1					
16		1				
17		1				
18		1				
19	1					
20	1					
21		1				
22		1				
23	1					
24		1				
25		1				
26		1				
27	1					
28		1				
29	1					
30		1				
31	1	2				
32		1				
33		1				
34		1				
35	1					
36		1				
37	1					
38		1				
39	1					
40		1				
41	1					
42		1				
43	1					
44		1				
45	1					
46		1				
47	1					
48		1				
49	1					
50	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54	1					
55		1				
56		1				
57		1				
58		1				
59		1				
60	1	2				
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69	1					
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76	1					
77		1				
78		1				
79		1				
80	1					
81		1				
82		1				
83	1					
84		1				
85	1					
86		1				
87	1					
88		1				
89	1					
90		1				
91	1					
92		1				
93		1				
94		1				
95		1				
96		1				
97	1					
98	1					
99	1					
100	1					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS